	CHEDULE B (FEC Form	-	Use sep	arate schedule(s)		FOR LINE check onl	1110 100 100
ΙT	EMIZED DISBURSEME	NTS		category of the Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
							or the purpose of soliciting contributions licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine I						
	Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS					Transaction ID: D101052 Date of Disbursement	
	Mailing Address 301 W. Platt Street #385						09 7 16 7 2010
	City Tampa		State FL	Zip Code 33606			Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions for Federal Candidates Condidate Name				11	2000.00	
	Candidate Name Rep. Kathy Castor					egory/ ype	
	Office Sought: X House Senate President	Disburse	ment For: Primary Other (sp	2010 X General ecify) ▼			
	State: FL District: 11 Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS						Transaction ID: D101048 Date of Disbursement
	Mailing Address PO Box 12667						0 9 M / D 1 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bakersfield		State CA	Zip Code 93389			Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributionsf for Federal Candidates	3			Ō	11	1000.00
	Candidate Name Rep. Kevin McCarthy					egory/ ype	
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	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS						Transaction ID: D101145 Date of Disbursement
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	City Santa Barbara		State CA	Zip Code 93121			Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions for Federal Candidates				Ŏ	11	5000.00
	Candidate Name Rep. Lois Capps					egory/ ype	
	Office Sought: X House Senate President	Disburser	ment For: Primary Other (sp	2010 X General ecify)			